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Country note**

Lesotho

Summary

The Executive Director presents the country note for Lesotho for a programme of cooperation for the period 2002 to 2007.

The situation of children and women

1. Lesotho is among the world's 50 poorest countries in terms of gross domestic product and ranks 127 out of 174 countries on the United Nations Development Programme Human Development Index. Despite earlier assumptions about economic growth, income poverty has increased significantly during the last programme cycle; gross national product per capita average annual growth rate has been –0.4 per cent. Household poverty, combined with the multiple impacts of HIV/AIDS, is reversing the gains made in the 1980s in improving children's access to quality health, education and social welfare services. Lesotho, situated in the centre of the mining and commercial agriculture region of southern Africa, provides largely unskilled migrant labour. In recent years, the demand for migrant labour has declined, leaving more than 50,000 households without adequate cash income to provide for basic social services. This has led to increasing violence against women and children, and crime.

* E/ICEF/2001/2.
** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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2. The slow development of democratic institutions and culture discourages external investment and related employment creation. In addition, following the end of the apartheid Government in South Africa in 1994, many health workers, teachers and social workers left the country. This has had a profound impact on government capacity to meet the demands for social services at a time of increased numbers of children in need of care. Political insecurity following disputed elections in 1998 has caused a loss of momentum to implement the Convention on the Rights of the Child, which was ratified in 1992.

3. More than 50 per cent of the population are under 24 years of age. The Government recently established a Ministry for Environment, Gender and Youth Affairs in response to the need for the development of government capacity to address the needs of adolescents and young adults. Currently, unemployment among youth (15-25 years old) is over 40 per cent and rising, as 25,000 new entrants join the labour market each year. Economic security and physical safety are their main concerns. Young people participating in the development of the country programme report that drug and alcohol abuse, as well as gender-based violence, are increasing. The child labour study indicates an increasing number of adolescents and young adults involved in commercial sex and crime. These are all significant risk factors for HIV transmission.

4. The National AIDS Strategic Plan (2001-2004) reports that infection among pregnant women has risen from 4 to 26 per cent between 1992 and 1996. Adolescents and youth in Lesotho account for more than 50 per cent of all pregnancies. The sero-prevalence rate is close to 30 per cent among adolescents. The distribution by gender of reported cases in 1999 was 54 per cent female and 46 per cent male. Six per cent of reported cases were children under four years of age. Current estimates suggest that nearly 15 per cent of children under 14 year old have lost at least one parent, leaving families and communities to care for three times the normal number of orphans. The legally defined minority status of women, the lack of life skills training, restricted reproductive health services and education for youth, and cultural norms are all fuelling the epidemic.

5. Lesotho has had an unusually high rate of primary school enrolment among girls in relation to boys, owing in part to the tradition of boys spending their early childhood herding cattle for their families or as hired herdboys. However, since 1990, net enrolment for girls has dropped by 25 per cent. The completion rate for boys and girls is 37 per cent. These trends mirror an increase in the numbers of school-aged children working in the informal and domestic sectors. Underlying causes include the need for family income and the demands for girls to care for younger children and sick family members. Other factors include overcrowding of schools, poor quality of teaching (25 per cent of teachers are uncertified), lack of water and sanitation facilities in one half of the schools, and the practice of excluding pregnant girls from schools. Early childhood care and development (ECCD) services cover less than 20 per cent of the population under five years old. The demand for ECCD services is increasing as the number of orphans in this age group increases.

6. In 1996, the infant mortality rate was 86 per 1,000 live births. Vaccine-preventable diseases, diarrhoea and acute respiratory infections (ARI) remain the main causes of infant and child morbidity and mortality. Immunization coverage has declined from 71 to 60 per cent from 1992 to 1999. The use of oral rehydration salts

has fallen from 60 to 35 per cent since 1990. In 1994, ARI accounted for 60-70 per cent of admissions of children under five years old to hospitals. Child malnutrition rates have been relatively stable during the last decade at around 16 per cent under weight; however, one study shows stunting at 49 per cent in 1999. Vitamin A deficiency in schoolchildren is 13 per cent, and goitre affects 42 per cent of schoolchildren. These data reflect the declining quality of services and care at all levels, as qualified staff are lost through HIV/AIDS or migration.

7. Attendance at antenatal clinics at least once during pregnancy is as high as 95 per cent in some areas, and routine data collection shows that over 60 per cent of births take place at facilities. However, a 1999 estimate put the maternal mortality ratio at 738 per 100,000 live births (with the most vulnerable group aged 15-19 years), due largely to the high turnover of qualified staff and a weak referral system.

Lessons learned from past cooperation

8. Through the annual and mid-term review processes, the programme was able to adapt its focus in response to major new programmes by partners. The major change during the country programme was to reduce the work in primary environmental care, water supply and household energy security. This enabled UNICEF to focus its support more on education (including sanitation and hygiene education), health and nutrition.

9. In a situation of partial decentralization, programmes that included support to the development of policy and legal frameworks generated the increased participation of multisectoral government and community leaders to complement work on capacity development and service delivery at local levels. Areas of greatest success included ECCD, free primary education, non-formal education and micronutrients. On the other hand, immunization coverage declined, due partly to the lack of qualified staff and health service charges, but also to the lack of ownership among key ministries, such as education and local government.

10. Programmes that aimed to develop the capacities of communities to identify their own problems and utilize effectively available local resources achieved their objectives even though external assistance declined. The example set by the community organization, participation and empowerment project provides a basis on which to expand coverage to address child rights more broadly under the new programme, while maintaining the same geographic coverage.

11. Economic growth and poverty reduction cannot be assumed. In addition to strengthening social services, the new programme needs to influence economic and social policy in the best interest of the child. Poverty and HIV/AIDS, as fundamental constraints to progress, need to be addressed explicitly.

Proposed country programme strategy

12. The Government of Lesotho identified poverty reduction as the overarching objective both for the long-term national Vision 2020 and as a medium-term goal and strategy for the National Development Plan (2001-2003). The United Nations Country Team cited investment in children and youth in the Common Country Assessment as one of the priority areas for support to the national effort to reduce

poverty. There is a slowly growing recognition of the impact of HIV/AIDS on development reflected in these documents. The programme will also be guided by the Concluding Observations of the Committee on the Rights of the Child. The country programme will be of a six-year duration (2002-2007) in order to achieve harmonization of programme cycles with other United Nations agencies.

13. The UNICEF country programme will contribute to the vision of the country through fostering a broad social alliance of Government, communities, organizations, private enterprise and individuals to respect, fulfil and protect the rights of all children, youth and women. Three strategies will be pursued to increase the capacity of communities and Government to this end.

14. The first strategy is advocacy, to address the legal and policy foundations for the fulfilment of the rights of all children and women in Lesotho, and to ensure that economic and social policy is developed in the best interests of the child. This will include addressing the discrimination faced by women in developing and acting on their own capacities to reduce poverty and violence.

15. A second strategy is to support access to quality health care, education and social welfare services by the most disadvantaged communities in two of the most heavily affected districts in the country — Maseru (the most populous) and Mokhotlong (one of the most remote rural areas). This will include developing the capacities and technical skills of government and non-governmental organization (NGO) health, education and social welfare staff working at the community level, as well as ensuring that young people are fully involved in the development and management of the services being provided. Only two provinces have been selected owing to the innovative nature of this integrative approach and the capacity constraints faced by the programme.

16. Thirdly, advocacy and social mobilization will support authorities at all levels of society in the fulfilment of children's and women's rights. Capacity for communication will be strengthened within the UNICEF office and the United Nations system, as well as with civil society and government partners.

17. These strategies will be implemented through four programmes. Activities aimed at preventing the spread of HIV and mitigating the impact of HIV/AIDS, and actions to protect from abuse, neglect, exploitation and violence will be integrated in each programme. The thematic programmes will be supported by a **social policy and planning** programme that will provide technical and intellectual support to legal and policy development activities, including Vision 2020 and the Poverty Reduction Strategy Paper. Support will also be provided to ongoing sector reform processes aimed at improving the utilization of resources and building the capacities of government staff. Data collection and analysis for decision makers (national and local) will be a significant element of this programme.

18. The objective of the **child survival, care and development** programme will be to support achievement of the highest attainable standards of early child health and development. Improved nutrition will be achieved in part through the fortification of staple foods with micronutrients. Improved routine immunization coverage will be achieved through support to community-based health and ECCD services. This programme will include activities related to the prevention of mother-to-child transmission of HIV/AIDS and to care for children living with AIDS. At the community level, support will be provided to strengthen capacity for integrated

management of child health, building on the community opportunity, participation and empowerment project of the previous country programme.

19. The objective of the **Education for All** programme is the implementation of the ECCD (jointly with the child survival, care and development programme), free primary education and non-formal education policies. Support will be provided to the Government and communities for learning opportunities in child-friendly environments for all children, including those currently out of school, working children, pregnant adolescents and teenage mothers, orphans, children with disabilities and other disadvantaged children. Support will also be provided to improve learning outcomes. In addition, school sanitation and hygiene education will be expanded in two districts.

20. The objective of the **adolescent development** programme is, in the context of HIV/AIDS, improved access to appropriate health education, counselling services and life skills training in the two focus districts. Basic education opportunities for out-of-school youth and over-aged primary students will also be provided. The programme will support appropriate training in conflict resolution and awareness-raising campaigns about gender-based violence, and drug and alcohol abuse. This programme will enhance participatory approaches to service delivery by involving youth in all aspects of programme implementation.

21. This country programme strategy has been prepared by a national team comprised of government programme managers, NGO partners and civil society representatives, including youth and the churches, culminating in a strategy meeting in October 2000. The Ministry of Development Planning will be responsible for overall oversight of the country programme.

22. Coordination, planning, monitoring and evaluation of programme implementation will be critical for effective programme management. An integrated monitoring and evaluation plan will ensure timely updates of the situation analysis, as well as monitoring and evaluation of UNICEF-supported programmes and projects, and will pay particular attention to the evaluation of the community capacity development approach in the two focus provinces.

Estimated programme budget

Estimated programme cooperation, 2002-2007*

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Child survival, care and development	1 500	3 750	5 250
Education for All	1 500	3 750	5 250
Adolescent development	600	2 500	3 100
Social policy and planning	1 379	2 500	3 879
Cross-sectoral costs	600	1 000	1 600
Total	**5 579**	**13 500**	**19 079**

* These are indicative figures only which are subject to change once aggregate financial data are finalized.

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Country note**

Malawi

Summary

The Executive Director presents the country note for Malawi for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Malawi, a nation of 9.8 million people, of which 85 per cent live in rural areas, is ranked 163 out of 174 countries in the Human Development Index. The per capita gross national product is $210. The country's primary source of foreign exchange is tobacco, which is facing a global downturn. Reliance on maize leaves a large proportion of the population vulnerable to food insecurity and malnutrition when there is a poor harvest. An estimated 64 per cent of the population live below the poverty line. External debt service accounts for some 20 per cent of current expenditures, a substantial burden on the enormous development agenda articulated in the country's "Vision 2020". Malawi is eligible for debt relief through the Highly Indebted Poor Countries programme and is currently preparing its Poverty Reduction Strategy Paper.

2. The Government of Malawi ratified the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the

* E/ICEF/2001/2.

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Child in 1987 and 1991, respectively, and submitted its first report to the Committee on the Rights of the Child in 1999. Malawi's 1994 Constitution enshrines many of the rights embodied in the two Conventions. New structures, such as the Human Rights Commission, the Office of the Ombudsman and the Anti- Corruption Bureau, are in place to protect economic, social and political rights.

3. Despite considerable investment by the Government and its partners in the social sector, life expectancy has dropped from 48 years in 1990 to 39 currently. Infant and under-five mortality rates remain very high at 134 and 213 per 1,000 live births, respectively. Child deaths are due mostly to malaria, acute respiratory infections, diarrhoea and malnutrition. The maternal mortality ratio (MMR), at 620 per 100,000 live births, is high due to poor care practices and limited access to quality maternal services. It is estimated that 48 per cent of children suffer from chronic malnutrition. Over 50 per cent of pregnant women attending antenatal clinics are anaemic, and 22 per cent of children under five years old are vitamin A deficient. Less than 50 per cent of the population have access to safe drinking water, and 97 per cent lack adequate sanitation.

4. Poverty, human deprivation and suffering are aggravated by the high and increasing prevalence of HIV/AIDS, currently estimated at 16 per cent of the 15- to 49-year-old age group. Every day, an average of 267 people are infected with HIV, and 139 people die from AIDS-related diseases. The National AIDS Control Programme estimates that 46 per cent of new infections occur in youth aged 15-24 years old, 60 per cent of them female. HIV/AIDS is the leading cause of death in the most productive age group (15-49 years old). The number of orphans has increased to about 300,000, with responsibility for care falling on women and girls. The HIV/AIDS epidemic is devastating Malawi's economy; draining the country's capacity; adversely affecting development efforts; and threatening the fulfilment, protection and respect of the rights of children and women.

5. The high prevalence of HIV/AIDS poses further challenges to child care and access to basic education despite the national free primary education policy. Nearly 10 per cent of teachers have died from AIDS-related illnesses in the last few years. In addition, effective primary education is seriously constrained by the widespread shortage of basic textbooks and learning materials, and the high number of untrained teachers. Repetition and drop-out rates in primary school are high, with about 50 per cent of students failing to complete standard five. Teenage pregnancy and early marriage make access to and completion of primary education more difficult for girls.

6. The rights of children and women continue to be infringed by customary law and harmful traditional practices, including initiation ceremonies, wife inheritance and property grabbing. The report to the Committee on the Rights of the Child highlights an increased number of children involved in child labour and child prostitution, as well as those living on the streets, imprisoned, and suffering from neglect and abuse, including rape. Malawian women have little or no access to economic resources and decision-making processes due to restrictive social roles, discrimination, and unequal access to education and employment. Women undertake over 70 per cent of agricultural work. The national fertility rate of 6.7 is one of the highest in Africa.

Lessons learned from past cooperation

7. The experience of the 1997-2001 programme has demonstrated that proactive advocacy and strong alliances with all stakeholders, including rights activists, parliamentarians, young people and civil society, are key to promoting policies in favour of the rights of children and women. Through this approach, the country programme facilitated the establishment of a Child Rights' Unit within the Human Rights Commission and the formulation of policies on early childhood development and the prevention of mother-to-child transmission (MTCT) of HIV. Policy development related to orphans stressed community-based approaches to care and consistency with the rights-based principles of non-discrimination, participation and development. The national orphan policy guidelines emphasize the need to empower communities to support orphans within families and to advocate for orphanages as a last resort. These guidelines have reduced discrimination between orphans due to AIDS and those orphaned due to other causes. They have also stimulated community-based interventions and enhanced community participation. Government counterparts and other stakeholders are increasingly eager to use rights-based approaches in programming work, which has also facilitated the formulation of the proposed country programme.

8. The youth-to-youth strategy has proven effective for disseminating information on HIV/AIDS and for providing young people with a platform to claim their development and participation rights. The programme has successfully managed to tap the energy and enthusiasm of youth, using a combination of interpersonal communication and psychosocial skills aimed at changing behaviour. It has facilitated a network of over 3,200 anti-AIDS clubs in primary schools, over 700 out-of-school clubs, 70 youth non-governmental organizations (NGOs) and 27 district youth coordination structures countrywide. As recommended in the mid-term review (MTR), HIV/AIDS and gender have been mainstreamed across the country programme.

9. Past cooperation has also shown that the United Nations Development Assistance Framework (UNDAF) can be effective in increasing the collaboration, complementarity and synergy of United Nations team efforts. As a result of the formulation of UNDAF in 1998, the United Nations Theme Groups on HIV/AIDS, Youth and Gender were strengthened and used more effectively as a mechanism to identify areas for collaboration, with a special focus on HIV/AIDS and adolescents, the prevention of MTCT, and voluntary and confidential counselling and testing (VCCT) for youth. United Nations agencies assisted in the formulation of the HIV/AIDS National Strategic Framework and jointly developed a proposal on community aspects of the Integrated Management of Childhood Illness (IMCI) initiative and VCCT, which was funded by the United Nations Fund for International Partners. The sector-wide approach (SWAP) has proven useful to keep priority issues on the agenda of all stakeholders and to provide an important mechanism for coordination. As a member of five out of the six sectoral task forces, UNICEF has managed to ensure that the prevention of MTCT and VCCT are included systematically in the formulation of health policy. Similarly, in the education sector, the experiences of UNICEF and the United Nations Population Fund have been used to mainstream life skills into the primary school curriculum.

Proposed country programme strategy

10. The programme strategy is a result of a broad and participatory government-led process, including civil society, donors, United Nations agencies and international partners. Using a rights-based analytical framework, the results of the MTR and the Common Country Assessment, the situation analysis identified the rights of women and children at risk and conducted a corresponding role analysis of duty-bearers at family, community, district and national levels for all key issues. A capacity analysis of the duty-bearers was also conducted to identify gaps related to responsibilities, authority and resources. Programme objectives and strategies were formulated to build on the strengths of duty-bearers to address those capacity gaps.

11. The overall objectives of the 2002-2006 country programme are: (a) to create a conducive environment to realize the rights to survival, development, protection and participation of women and children; (b) to reduce HIV transmission, especially among children and young people, and mitigate its impact on vulnerable groups; (c) to strengthen the capacity of various duty-bearers to meet their obligations to children in order to reduce malnutrition, and child and maternal morbidity and mortality; and (d) to support country efforts to build capacity for poverty reduction by establishing coordination and collaboration mechanisms that enhance SWAPs so that they lead to sustainable development for women and children. Most elements of the programme are nationwide in scope, but HIV/AIDS, malaria and water activities will be converged in selected "impact areas" that cover 50 per cent of the population.

12. The country programme will use a mix of strategies, including: (a) advocacy and social mobilization, to ensure the necessary resources, services and legal framework for the rights of children and women; (b) capacity-building, to empower communities to claim their rights and help families, caregivers and various duty-bearers to meet their obligations to children and women in the context of the HIV/AIDS emergency; (c) service delivery, to facilitate community access to basic social services using micro-planning and increased participation; and (d) strengthening partnerships through theme-based strategic alliances.

13. The objectives of the **health** programme are: (a) to reduce infant and child mortality by 25 per cent; (b) to reduce MMR by 20 per cent; (c) to increase access to and the effective utilization of treated bednets to at least 60 per cent of households in the impact areas; (d) to reduce the incidence of MTCT of HIV by at least 50 per cent in the impact areas; and (e) to contribute to the implementation of health sector reforms, including the SWAP, so that at least 85 per cent of households have access to and utilize effectively the essential health package (preventive, curative and promotional services, including VCCT, IMCI and the prevention of MTCT).

14. The objectives of the **basic education** programme are: (a) to ensure that primary school children acquire basic information on HIV/AIDS and life skills to enable them to make informed choices; (b) to improve the quality of education in schools so that all learning environments are effective, healthy and gender- sensitive and enable children to attain desired levels of achievement; (c) to support capacity development at national and district levels for sector policy development and sector-wide planning, monitoring and evaluation; and (d) to strengthen the capacity of communities to prevent, monitor and report the abuse of children, especially girls. Key components of the programme include HIV/AIDS prevention, youth

participation/development, the retention of girls in school and support to education sector reform. A mix of strategies will be used to mainstream HIV/AIDS and life skills in health, nutrition and hygiene education.

15. The cross-cutting programme of **early child care and support to families affected by HIV/AIDS** covers two interdependent areas. The first area is the promotion of the three pillars of early childhood care (nutrition, health and psychosocial development). The second area is strengthening the capacity of affected families to adequately cope with the impact of HIV/AIDS, with an emphasis on young orphans. The programme has the following objectives: (a) to improve the capacity of households and communities in key family care practices, including health, nutrition and the psychosocial development of children, during the first years (0-3) of life; (b) to strengthen the capacity of families affected by HIV/AIDS to cope effectively with the impact of the epidemic, and provide adequate care for orphans, pregnant and lactating women; (c) to strengthen the capacity of government counterparts, NGOs, religious groups and community-based organizations to provide adequate care and support to orphans and families affected by HIV/AIDS.

16. The objectives of the **water and environmental sanitation** (WES) programme are: (a) to ensure universal effective access to hygiene education in all programme impact areas; (b) to ensure that every family in the impact areas has effective access to sanitary facilities; (c) to ensure that all schools and health centres in the impact areas have access to adequate sanitation and safe drinking water; (d) to ensure 80 per cent effective access to safe drinking water and effective community-based management of WES facilities for all impact areas; and (e) to support capacity development at national and district levels for effective sector policy development.

17. The cross-cutting **social policy, advocacy and communication** programme will provide intersectoral technical inputs and guidance for the development of policies, advocacy and communication strategies. The objectives are: (a) to improve the political and legal framework for the realization of the rights of women and children; (b) to strengthen the campaign to break the silence on HIV/AIDS as a national emergency; (c) to assist civil society and the Government to implement sustainable community-based interventions for the prevention of child rights violations; (d) to increase the availability and effective use of information management systems for policy formulation and programme design, implementation, and monitoring and evaluation; and (e) to develop and implement a research-based communication strategy to influence attitudes to contribute to the realization of children's and women's rights. The programme will ensure the effective use of an integrated monitoring and evaluation plan (IMEP), using systematic baseline surveys and field activity monitoring.

18. The **cross-sectoral costs** cover implementation of the IMEP, with a rights-based focus; gathering baseline information for cross-cutting issues; and intersectoral training costs.

Estimated programme budget

Estimated programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Health	7 900	14 960	22 860
Basic education	4 850	7 940	12 790
Early child care and support to families affected by HIV/AIDS	3 300	5 540	8 840
Water and environmental sanitation	3 150	3 480	6 630
Social policy, advocacy and communication	3 200	3 080	6 280
Cross-sectoral costs	1 355	120	1 475
Total	**23 755**	**35 120**	**58 875**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.

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Country note**

Mozambique

Summary

The Executive Director presents the country note for Mozambique for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. The continued peace, stability and economic growth of Mozambique has provided a positive environment for implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, ratified in 1994 and 1993, respectively. Social sector investment is rising and will soon be augmented by debt relief savings earmarked for priorities outlined in the Absolute Poverty Reduction Plan (PARPA). In spite of the floods of early 2000, steady economic growth is forecast for the coming years. However, few families are benefiting. Nearly one in four children die before five years of age, 70 per cent of the population live in poverty and 60 per cent of adults (74 per cent of women) are illiterate. Extensive regional, urban-rural and gender disparities in poverty and access to basic social services are overlaid by an accelerating AIDS epidemic, further challenging families' caring capacities and presenting enormous obstacles to realize the rights of children and women.

* E/ICEF/2001/2.
** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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2. Per capita annual gross domestic product in Mozambique is $252 (1998). The infant mortality rate (IMR) of 146 per 1,000 live births and the maternal mortality ratio of 1,500 per 100,000 are among the world's highest. HIV/AIDS is the greatest single threat to children and women and will remain so throughout the programme period. HIV prevalence is currently 16 per cent among 15- to 49-year-olds. AIDS is expected to cause the IMR to increase by 20 per cent in the coming years. An expected life expectancy of 47 years in 2005 has been revised to 36 years because of the epidemic.

3. The number of children orphaned by AIDS is projected to grow from 185,000 in 1998 to 880,000 by 2006. The number of children orphaned from other causes, including maternal mortality, is also high, at 162,000 in 2000. Orphans and other children affected by AIDS are forced to drop out of school to provide care in the family or to work. Families and entire communities will fall into ever deeper poverty as dependency ratios increase. Basic social services will face increased demands just as they are weakened by increasing HIV death rates among staff.

4. Malaria, diarrhoea, respiratory infections, measles and neonatal tetanus are important contributors to the under-five mortality rate owing to low coverage, access, quality and utilization of preventive and basic curative services. Only 47 per cent of children were fully immunized in 1997. The rate of low birth weight is 13 per cent, and 36 per cent children of under five years old are stunted. Although virtually all children are breastfed, only 37 per cent of those under four months old are breastfed exclusively. Micronutrient deficiencies, including iodine in some areas, are still common. Diarrhoea morbidity and mortality in particular are also due to low access to safe water and sanitation services in both urban and rural areas, as well as to poor hygiene practices. Some 29 per cent of urban households, and 36 per cent in rural districts, have access to safe water. For sanitation, the urban and rural figures are 40 and 25 per cent, respectively.

5. The alarming level of maternal mortality is associated with a high percentage of unattended deliveries and women's poor health status. Many women of reproductive age suffer from chronic malnutrition and anaemia, and AIDS is compounding the risk of morbidity and death. Low social status, less access to education, economic dependency, and susceptibility to sexual coercion and violence contribute to women's greater risk of HIV infection.

6. Primary school attendance has risen by about 40 per cent since 1998, but the gender gap is growing. In 1999, net enrolment was 47 per cent for boys and 40 per cent for girls. Schools are heavily concentrated in urban areas. The drop-out rate is 18 per cent, and the repetition rate is high at 25 per cent. The lack of access to education is a key factor in the high numbers of children in need of special protection. For example, of the thousands of youth in conflict with the law, 43 per cent have had no education.

7. Mozambique is prone to natural disasters, in particular drought and, as devastatingly illustrated in 2000, cyclones and floods. These emergencies have destroyed or seriously damaged schools, health centres and water and sanitation infrastructure and disrupted food production. The ability to plan for and recover from such disasters is particularly low among the many families and communities struggling with continued poverty and the newer threat of HIV/AIDS.

Lessons learned from past cooperation

8. Although of only three years' duration in order to synchronize with United Nations agencies' cycles, the country programme has had key successes in cross-sectoral work, including support for the development of the National HIV/AIDS Strategic Plan, and the use of rights-based and community-level approaches. This was achieved through focused attention to strategy development, a flexible approach to human resources management and careful prioritization.

9. Rights-based community capacity development (CCD) was successfully taken from theory to practice. Hygiene, malaria control and orphan programming benefited from the introduction of appropriate participatory tools, such as community profiling, which facilitated assessment, analysis and action by implementing partners and communities alike. None the less, taking CCD to scale has proved difficult. Partners able to act as CCD facilitators are few, and many need capacity-building support. Capacity gaps at district and province levels have impeded responses to articulated community needs. Opportunities for improvement may arise through current government efforts to improve planning in districts and provinces as well as through sectoral decentralization. However, both capacity gaps at subnational levels and an unclear definition of decentralization processes will continue to present challenges.

10. The weakness of gender mainstreaming is a continued concern. A focus on gender often amounts to a series of training exercises rather than a transformation of communication and programme strategies. In view of its importance in all development initiatives, especially HIV/AIDS and education, gender needs to be more carefully addressed in the new programme.

11. The programme has made headway in advocating for child rights in social policy discussions, but more work is needed to ensure that children remain on the top of the agenda, including in the planning of emerging sector-wide approaches. The programme should also identify and act on the advocacy and participation opportunities created by PARPA and debt relief.

12. In the 2000 flood emergency, the value of using existing programme mechanisms rather than parallel structures to support government action was evident. The effectiveness of the programme's response was enhanced by early adherence to a few core commitment areas without the dispersion of efforts over a wide range of sectors. The flood highlighted the need for contingency planning and emergency preparedness as integral parts of the new country programme.

Proposed country programme strategy

13. The overall goal of the 2002-2006 programme of cooperation is to support and strengthen Mozambican commitment and capacities to promote, protect and fulfil children's and women's rights; meet children's basic needs; and expand opportunities for them to reach their full potential. The programme will contribute to national goals as defined in PARPA to reduce infant and child mortality; prevent and reduce chronic malnutrition; improve maternal health and reduce maternal mortality; increase enrolment, and water and sanitation coverage; improve sanitation and hygiene practices; and prevent the recurrence of widespread humanitarian emergencies.

14. Five mutually reinforcing strategies will be used throughout the programme: policy development, through technical support and with a focus on child rights; service delivery, including capacity-building for planning, management and implementation, as well as material support; community capacity development for improved participation of communities and families; advocacy, for increased understanding, dialogue and action on child rights in the public arena; and communication, particularly in the cross-sectoral areas of HIV/AIDS, school health and hygiene, and early childhood care (ECC). The programme will emphasize the PARPA and United Nation's Development Assistance Framework (UNDAF) priorities of education and HIV/AIDS, as well as disaster prevention and emergency preparedness. The latter will focus on improving the abilities of the Government and non-governmental organizations (NGOs) to respond, and family and community capacities to cope with emergencies.

15. In the **basic education** programme, the overall goal is to support and strengthen capacities to promote, protect and fulfil children's right to education, and to expand opportunities to ensure that they reach their full potential. The programme will support the national goals of achieving a gross primary admission rate of 88 per cent; reducing the gender gap in enrolment and retention; ensuring that at least 26 per cent of 11- and 12-year-olds remain in school; and expanding education for rural children through innovative approaches. Life skills programmes focusing on the prevention of HIV and on living with AIDS will be developed, and other aspects of the sectoral plan on HIV/AIDS will be supported. Communities will be mobilized around the enormous challenge of meeting the learning needs of out-of-school children and youth.

16. The overall goal of the **child protection** programme is to strengthen capacities to reduce vulnerability and ensure fulfilment of the rights of children at risk, and to provide special protection to children in need. The specific objectives include support to ensure implementation of the social action component of the National Strategic Plan on HIV/AIDS, with priority emphasis on training and supporting community-based structures to ensure and provide care and protection to children orphaned by AIDS and other vulnerable children. The programme will also support the development of legislation, policies and operational standards, and innovative projects for children in need of special protection, including children in conflict with the law, child labourers, sexually and physically abused children, and women.

17. The goal of the **health and nutrition** programme is to promote survival, development and participation rights through increased access to essential primary and referral health services and through improved quality and use of services. Central-level strategic planning and policy development will be supported. The programme aims to improve integrated care and services for children, adolescents and women at district and lower levels by building subnational capacity for participatory planning and management of services. Counselling and testing for HIV and sexually transmitted infections, and a range of youth-friendly services will be expanded, with a focus on peer education and support. The existing Integrated Management of Childhood Illness initiative will be used to expand the use of impregnated bednets for malaria control and promote integrated ECC, in addition to strengthening existing activities in nutrition, immunization and the control of childhood illness. Technical and material support will be provided towards the national goal of delivering 50 per cent of new-borns in health facilities and ensuring at least two antenatal care visits per pregnant woman.

18. The overall goal of the programme on **water, sanitation and hygiene promotion** (WSHP) is to reduce morbidity and mortality due to diseases associated with inadequate water supplies and sanitation, and poor hygiene practices. The programme will raise awareness of children's rights in this area; improve implementation of an integrated approach to WSHP, with attention to rural sanitation; and support the delivery of services that reduce the time and energy spent by women and girls in collecting water and caring for persons living with AIDS and other ill relatives. Community-based participatory approaches will be used, together with capacity-building for decentralized management of WSHP and central-level support for implementation of the National Water Policy.

19. The **social policy, communication and coordination** programme will support the development of an enabling environment for child rights. The programme will aim to strengthen monitoring mechanisms for child rights from district to national levels; improve the availability and use of information for advocacy and planning; provide capacity-building and technical support for budget analysis and monitoring by the Government and civil society; and increase opportunities for dialogue on policy and resource allocation issues within the context of PARPA and the Convention on the Rights of the Child. Partners will be mobilized and assisted to ensure greater awareness of child rights across society, and the Government and civil society institutions will be supported to build their capacities in behaviour change communication. This programme will also provide technical support to sectoral programmes in communication, monitoring and evaluation, and advocacy.

20. This strategy has been developed taking into account the findings of the recently completed United Nations Common Country Assessment, and clearly reflects five of the six UNDAF strategic objectives for Mozambique: HIV/AIDS; education; democracy and decentralization; disaster management; and health and well-being. A wide range of partners, including government from central to municipal level, civil society organizations, United Nations agencies, research institutions, community and religious groups, and advocates for children and women will be engaged in the programme.

Estimated programme budget

Estimated programme of cooperation, 2002-2006[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Basic education	7 708	12 500	20 208
Child protection	6 567	12 000	18 567
Health and nutrition	6 567	13 000	19 567
Water, sanitation and hygiene promotion	6 567	10 000	16 567
Social policy, communication and coordination	2 710	2 500	5 210
Cross-sectoral costs	6 169	-	6 169
Total	**36 288**	**50 000**	**86 288**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.